

**AMBULATORY SURGERY CENTER
FACILITY GROUPE**

Effective Date: 01/01/2015

Updated: 01/12/2015

*ATTENTION: Codes with no
established rate pay at a percentage of billed charges per
administrative rule and the same percentage for SFY12
reductions and increases for FY13, FY14, and FY15 will be applied.*

67:16:28:05. Rate of payment.

The rate of payment for the different groups of covered services is as follows:

Group	Payment
Group 1	\$240.00
Group 2	\$322.00
Group 3	\$369.00
Group 4	\$452.00
Group 5	66 percent of usual and customary charges